and make it to our doctors' appointments on time. It is no wonder that women are the majority of health care workers in the United States. We are well prepared for this task.

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Every American deserves access to health care insurance. This is our goal, and it must be the goal of our Congress. The goal must not be a bill that costs $1 trillion. The goal must not be a bill written behind closed doors. The goal must not be a bill that increases taxes on our families and all of our small businesses. The goal must not be a bill that passes huge debts on to our children and grandchildren.

Women deserve better. Every American deserves better. They deserve health care treatment, and every American deserves both health care treatment and efficiency at an affordable cost. But as America's mothers will tell you, Congress should be utilizing what works in our health care system and fixing what does not. Mothers are masters at finding commonsense and practical solutions.

What we currently see is a health care system burdened by excesses and inefficient bureaucracy. What we see is our children denied coverage because of a preexisting condition. What we see is parents changing jobs, causing our families to lose our doctors. What we see is women and our parents being charged more for insurance premiums because of their gender or because of their age.

What we don't see is how a government takeover of our health care is going to provide for our families' needs. What we don't see is how a bureaucratic takeover of our health care will bring down the cost of health care procedures or health care insurance. What we don't see is how the Pelosi $1 trillion bill helps us more than it hurts us.

Every American family deserves affordable health care and affordable health insurance. To use a mother's saying, let's not go throwing out the baby with the bath water. Simple, commonsense, cost-effective reform is how we can include all families in our health insurance market. We can and we must accomplish health care reform without ruining the current health care coverage that is enjoyed by the majority of families.

Women across the United States want to protect their family's coverage while ensuring that every other mother out there has the same access that she does. The Pelosi bill is not the answer. We can do better. We must do better.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Carolina (Mr. INGLIS) is recognized for 5 minutes.

(Mr. INGLIS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

(Mr. POE of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

(Ms. FOXX addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. MCHENRY) is recognized for 5 minutes.

(Mr. MCHENRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE FOR WOMEN IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Tennessee (Mrs. BLACKBURN) is recognized for 60 minutes as the designee of the minority leader.

Mrs. BLACKBURN. Mr. Speaker, I am so thrilled to be here tonight to talk about health care for women in America. Throughout this evening, you are going to see colleagues of mine join me on the floor as we talk about women's health care, to talk about the alternatives that we as Republicans have; how we would answer these questions that women and families have; how they would make the decisions; and some of the great ideas that we would bring forward.

You know, I think there is something that has become very evident to us over the last few weeks; women make most of the health care decisions in their families. Indeed, we have surveys that show that women are making as many as 85–90 percent of all health care decisions for their families, for their children, for their grandchildren many times, and for elderly parents. The Sandwich Generation is really jumping in and making these decisions. They are watching so closely the alternatives for health reform.

Of course, while we all agree that there is indeed a need for health reform, there is a big divide in this House. We have many to the left that are saying they want a government-centered plan, and then we have many of us who are on the right who are saying we want it to be patient-centered. We want the focus to stay with patients, with families, and let's not have a bureaucrat in the room.

We know that women are indeed watching. They have seen what the Democrats have to offer, and they are unimpressed. They are not impressed with this. They know that it limits and restricts their options.

Women are the drivers in the health care marketplace, and I think American women are going to be the drivers in the decisions that are made as we look at how we reform health care, because indeed it should be patient-centered, with families and individuals having control of those health care decisions. We don't want Washington and a layer of bureaucracy making those decisions.

A couple of weeks ago, I saw a story in Politico, and it said the Democrats needed to do a better job in messaging and trying to get their message out to women. I wrote a response to that, because I felt like, you know, they have gotten that message out. Women did not like what they were seeing.

So I am very appreciative that CATHY MCMORRIS RODGERS, who is vice chair of our caucus, and MICHELE BACHMANN from Minnesota have taken the lead for the Republican women tonight in establishing this Special Order time. We know that we have better bills, and they will put women more in charge of health care decisions and bring down the cost, because just like too much of the family budget gets spent on taxes, too much of it gets spent on health care.

We need something to bring the costs down. Even the CBO says the Democrat bill is going to drive the cost up. It is going to drive the cost of health care up, it is going to drive the cost of health insurance up, and we know also it is going to restrict access. We know that women want to have a say in this, and they don't want a bill that is going to end up hurting them and hurting their alternatives at the end of the day. So making certain that we have a plan that works for women is important.

Now, we know that in Speaker PELOSI's bill the Democrats outline how much the government will pay for certain procedures. A doctor who wants to do business with the government will have to accept that rate, and if you are an insurance company, why would you offer any more money than the going rate established by the government?

Well, we also know from what we have seen, from public option health care and the test case that took place in my State of Tennessee, that this doesn't always work. What you see is, when you have a public option plan in competition with private insurance,

the cost goes up, restriction to access takes place.

With Tenncare, the test case for public option health care that took place in our State, we saw the costs quadruple within a few years' period of time. We know that that hurt certain procedures and access to certain procedures, like cardiology, and we are very concerned about the restrictions to cardiology that are in the bill that the Speaker has brought forward.

Mammography, we are very concerned about what would happen to mammography and the ability to have those imaging tests and procedures that are needed and are necessary. The Speaker's bill does we think end up hurting women in a couple of specific areas that I have just pointed out, breast cancer health and cardiology, and we know that there is a better way to do this.

Let me touch on three bills that Republicans have that I think give the ideas that women are looking for. They bring forward great ideas that are patient-centered, that are focused on individuals, focused on reducing costs, increasing access, and making certain that more individuals have the ability to access the health care that they need.

One of those is H.R. 3218. It is by Representative JOHN SHADEGG. It would allow small businesses, churches, alumni associations and other small institutions to pool together, to come together just like you do when you join those associations, come together with that membership and then be able to look forward and say, all right, we are going to offer a health insurance plan. It also would allow for those insurance plans to be implemented across State lines. That is a pretty good idea, and that is a way, by pooling together small businesses and individuals, pooling together, then what you do is to lower that cost.

Now, there is also H.R. 3713, and this is by Representative MIKE ROGERS out of Michigan. He is a member of the Energy and Commerce Committee with us. He has taken an interest in and a leadership role in this issue.

What he has done is to look at the things that the President has said he wanted to accomplish, things that we all agree need to be done: Insurance market reforms, making certain that we have affordable insurance, access to affordable insurance for individuals who have preexisting and chronic conditions; making certain that individuals that are in good standing with an insurance policy are not dropped from that policy if they become ill and want to exercise that policy; making certain that portability is in place.

One of the frustrating things we hear often about, especially from women, is the fact that they may change jobs and then they find they can't take that insurance with them. How many times have you talked with a friend or a neighbor who said, you know, I have had a great job offer, but I can't take it. I have a child who has a chronic condition, or my spouse has a chronic condition, and, because of that, I would have to deal with the preexisting condition issue if I were to change insurance, if I were to change jobs. So addressing those portability issues is tremendously important.

Now, there is another component in this, liability reform. We all hear it. We hear it regularly. We hear from our physicians. We hear from our neighbors. We hear from individuals who say, you know, the practice of defensive medicine, having to make certain, having to make certain that you have a physician who is getting a validating opinion, who sent you to someone else for a second opinion, who sent you to someone else—defensive medicine drives the cost up.

Some of the physicians who are Members of the House have told us that fully they believe that this drives up the cost of medicine repeatedly to the tune of tens of billions of dollars every single year—every single year. So it increases that cost. And it is also a inconvenience to our seniors.

I had a constituent call me the other day and she said, Marsha, I just want to tell you what has happened to me as we have been going through this situation. She has a chronic condition. They were just beginning to address it. She went to her primary care physician, who ran a test and said, I think you need to see a specialist, and referred her. She went to him. He ran the test again, the same test, the same facility, ordered by a different doctor. He got the results back, and he said, I think you need to go and visit with Dr. So-and-so, so that you can get a second opinion on this.

She goes back. She sees the new physician. He runs the test again. Then she goes back to him. That is three times. And then the insurance wanted her to go for a fourth test. As she said, it was the same test run four different times. And her question was very simple. She said, Why don't they run the test once? Run it once and read it four different times, rather than having me have to get my daughter to take off work, which is a half a day for her to go to the test and then return home.

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It's expensive. It is invasive. It is inconvenient. It is something that Congress could address and do something about, and I think that most people agree with that. It is of concern to us that H.R. 3962, the Speaker's bill, is 1,990 pages of bill. It is a big bill. This bill, this big huge bill—and we're going to have that bill on the floor for you to see tonight—this bill would be, really, a bill that is not fair to our seniors, and it does concern us. It's one of the primary concerns that we do have in this piece of legislation, the unfair practices that it would move forward on our seniors.

As we are going through our Special Order tonight, if you would like to log on to my Web site, blackburn.house.gov and pull down the legislation and follow along through it as we go through it, we certainly would appreciate you doing so. As I said, we feel the legislation is going to be very unfair to seniors. They're talking about making cuts to the tune of $500 billion in Medicare, basically doing away with Medicare Advantage. Then look what's happening with this, cutting Medicare by 2017. We all know the Medicare trust fund is going to be running out of money. But what we're seeing from the Democrat leadership of this House is a failure to recognize that Medicare is a trust fund. Medicare is not a slush fund. And we want to make certain that we protect our seniors as we work through this bill.

I am so pleased that we have women who are joining us on the floor tonight. At this time, I yield to the gentlelady from West Virginia, SHELLEY MOORE CAPITO, for her comments on health care.

Mrs. CAPITO. Thank you. I would like to thank the gentlewoman from Tennessee. She has been an advocate for health care but also commonsense health care. I think that's what we're facing here today. We're looking at a bill that Speaker PELOSI has put before this body. We've already heard that it's 1,990 pages. I heard it weighs 20 pounds. It just defies logic that anybody can honestly say that they know each and every thing that is in this bill. For those of you who know Washington, who know what can happen, I think that would raise some serious questions—it certainly does in my mind—but in your mind as to what are in the far reaches of this bill.

I would like to talk a little bit about women and health care because being a Member of Congress, a woman Member of Congress, we have certain duties, but we have so many other duties, like women across this country, that when we come into Washington, like many of us did today, we still have a little bit of our hearts or a lot of our hearts at home with our families, with our children, with our husbands, with our parents, with our siblings because we're the nurturers. We're the ones who, as women, oversee the health care in the family. We're the ones who, when the babies are little and they're coughing at night, put our ears to their chests to see if they're having some respiratory issues, and I think we're the ones that, as we become the sandwich generation, much like I am—I have grown children and elderly parents—that we're the ones that our parents come to to help them get to the appointments, fill their medications, help them with the forms, make sure that things are going in the right direction when they can no longer depend on each other.

I'm quite lucky. My parents are in their eighties, and they're extremely self-sufficient on their own. But someday they're going to need that help that I as a daughter and my sister and my brother will provide for them. In

West Virginia, I found—just coming here today, it was astounding to me of the number of folks that just randomly approached me about knowing what is on the docket here, the Speaker's over 1,900-page $1 trillion health care bill, and people are concerned. I was in Wendy's having lunch today, and I met a woman. She asked me to come over and talk with her. She is 75 years old, quite remarkable, and her mother had died the day before. We have a great history of longevity in our State. She is very concerned about this bill because she feels that not only is the bill being balanced on almost $500 billion in cuts in Medicare and Medicaid, which will influence her health care, but she is very concerned about government bureaucracy making decisions for her health care. She is very concerned about the government getting in between her decisions and her doctor's decisions. Quite honestly, she was afraid of a rationing of care. Because she is 75 years old, is she going to get the same care she might have if she was 50 or if she was 25? These are the kinds of thoughts that are very real, and they were very real for her, as I talked with her over lunch.

Then as I was going to get on my plane this afternoon, I was buying a bottle of water, and the lady behind the counter said, Well, you're going back to Washington, right?

I said, Right, going back to Washington.

She said, It's health care, right?

I said, Right, it's health care.

And this voice in the back of the room said, Don't mess with my health care. Again, her view was, she's not on Medicare yet, but she had parents that were. She is concerned about their Medicare, but her concern was government-run health care. She sees this bill as it is. It's a government reach into her health care, and she was very concerned.

Then as I was coming back in from the airport, I had a man who asked me, Going to talk about health care, right?

I said, Right.

And he goes, Well, let me tell you, he said, If in any way that health care bill would leave a crack in the door for my taxpayer's dollars to go for funding of abortion, I am going to go on a rampage. He said, I can understand, and I want to give, and I want to help, but this was his line in the sand.

So you can see that everybody has a different perspective, and the 1,900 pages that are in the Speaker's bill are causing great concerns on a whole lot of levels.

I did some research on West Virginia women. Of West Virginia residents, 51 percent are women, and the 442,000 women in West Virginia who receive health care coverage through their employer, which is almost 60 percent of the women, I am concerned about them because they have health care that generally serves their needs. We need to go in and make sure we make adjustments, that we fill the cracks in the lack of access or coverage. But I am concerned and I think it's a real concern that the Speaker's bill is going to come in and force over 60 percent of the women who have coverage for their employers to be put into a government-run insurance program that they don't choose, is not of their own choosing. Then maybe if that's not what happens, then the insurance option that they have is going to be the one that the government panel says meets adequate coverage. Well, what does that mean? What does that mean to the 60 percent of the women covered through their insurance through their employer?

I think we have to look at what this is going to do for small businesses. In our State of West Virginia, only 37 percent of small businesses who have less than 50 employees provide health insurance coverage as compared to over 95 percent of larger firms employing more than 50. We need to fill that gap. As Republicans, we've come together to find ways to fill the gap for small businesses, to make it affordable, make it available, make it accessible. But the bill that is created by Speaker PELOSI and those in the leadership does not do enough. What it does do is puts another tax on small business to provide that insurance.

Lastly, I asked a lot of the women in my district what they really thought about the plan as they understand it, expanded government involvement in health care. Of the women polled, 54 percent said that they would not personally trade their coverage for a public plan; 56 percent disagreed that they would be best served by government-run health care; 75 percent have said they don't want significant changes in their own health care; and 64 percent of the women in West Virginia said that they prefer private insurance over the public option. These are women that are accessing the health care system not just for themselves, not just for their own families. They're accessing it for their parents. Many of them work in the health care system. They see how it's working. They see the changes that could be made, and they really are rejecting it, I think, out of hand. I know my colleagues will expand on this tonight. The women are rejecting the types of changes where government goes between you and your health care provider.

I believe that is what has happened in this plan, not to mention the over $1 trillion price tag that's attached to this bill, which both men and women across the country know that this is going to be on the backs of their children and grandchildren, a legacy of debt and deficit that's going to be passed on.

I would like to thank the gentlewoman from Tennessee and all of my colleagues for being here tonight. Those are some of the perspectives that I have. It's so interesting to me that in the brief time today that I was out among folks, how tuned in everybody is to this, how aware. Because health care is so personal. It's such an everyday thing for so many people that everybody has an opinion because they're basically living it. This isn't something they're seeing from afar or they're hoping happens or it's happening to their neighbor. It's happening in everybody's home in America, and people are standing up and saying how they feel about it, where the changes need to be made, and how they feel. Generally speaking, today the Speaker's 1,900-page bill, $1 trillion bill, got a big goose egg today because I did not run into one person who said, That sounds like the plan for me.

Thank you.

Mrs. BLACKBURN. I thank the gentlewoman from West Virginia, and I thank her for those comments about women in West Virginia and how this bill would affect them.

What we are hearing all across our Nation is, This is not a bill that women want. Indeed, the blog spot, whymomsrule.com ran a survey, and it said that only 7 percent of American women think the health care proposals that have been brought by the leadership, the Democrat leadership, are proposals that reflect their concerns. We know that. We are listening. We hear them. And we have ways to solve this issue so it puts patients and families in charge of those decisions, not the Federal Government. It preserves that freedom. Indeed, for small businesses—as we all know, women-owned small businesses are a very active part in our economy, in our financial sectors, and we're very concerned about the impact for employer-based insurance that this bill would have on those women-owned small businesses.

At this time, I want to turn to the gentlelady from Illinois (Mrs. BIGGERT) who has been such an active voice not only in the Education and Labor Committee but in the House as a whole, as she has been a leader on this issue.

Mrs. BIGGERT. I thank the gentlewoman from Tennessee, and thank you for having this tonight.

You know, I was just thinking; I've got four children and eight grandchildren. So I think as a mom and a grandmother, I've always been very concerned about health care, and I want to make sure that my family has the best that's possible.

When I was raising the children, all we had was Dr. Spock. We didn't have all the technology and all the wonderful drug therapies and the health care that we have now in the United States. I am always concerned about the quality of health care. Sure, we need reform, but we want to make sure that there's that quality of health care that we have now. We've got moms, doctors, nurses, caregivers, taxpayers and women that really play a critical role in the health care debate. Eighty-five percent of women are the primary health care decision-makers in the home, and that's why we take this so seriously.

The U.S. Census Bureau reports that 82 million adult women are moms, and 32 million women have a child living in their homes. So women are overwhelmingly supportive of health care reform, but they want to know that this reform will improve the quality and affordability of their current health care. For many women and their families, higher health care cost means the difference between receiving care and going without. Unfortunately, the Pelosi health care bill empowers government bureaucracies and undermines a woman's ability to make the best health care decisions for her and her family.

□ 2015

I have got a letter that one of my constituents sent. It's from Maryanne, and she writes to me:

''As a registered nurse and mother of a severely disabled child, I beg you to seriously consider the long-and short-term effects of the new health care proposal. I am horrified to think that medical decisions will be determined by our government. I have seen this fail in many countries. I happen to be of the opinion that the precious commodity of life far exceeds the almighty dollar.''

You know, one of my daughters lives in London. And when this health bill came up, I said to her, Seriously, tell me what is the health care like in the U.K.? What is it like versus here?

And as a matter of fact, every time my daughter brings my three grandchildren home for a visit, she takes them to see the pediatrician that I took her to see just to make sure that they're in the best of health that they can be and make sure that somebody from the United States is looking after them.

And she said, Well, now, in London it's a different system. It started out where doctors don't have this high debt. They don't have the high cost of the medical school that we have here. It's paid for. So they start in the system and they're in the public system. And then some of them become private doctors. Now, my daughter has the public health care, but she also has a private doctor. And she said, Well, in emergencies you're well taken care of. But it's the long term, and she gave me the example, let's say you have a rash on your arm, you go and they say we will make an appointment for you, but the appointment is 9 months later. She also said that if you go on and check on the current wait list in London—for example, the current wait list at the time that I checked was 11 months for a knee replacement, 10 months for a hip replacement, 5 months for a slipped disc, and about 8 months for a hernia operation. And these are just a few of these that they wait so long for.

Now, what that leads to also is rationing. And I had an event this morning where one of the doctors stood up and talked about his belief that there would be rationing, particularly with how many doctors are going to want to remain in a situation like this where they really become staff. You know, we think of them as professionals. I always thought, oh, if I could be as smart as the doctors. To me, it was just the profession that was so outstanding.

And so this leads not only to rationing for these procedures, but also we've had a debate about the end of life and how 80 percent of the costs really are then. And I think as women, when I read in the first bill, and that has changed a little bit to be voluntary rather than mandatory counseling there, in my former life I was a probate attorney and I did estate planning, and what was always so important was to counsel families on aging and to make sure that they had the decision of the family, the decision of the elderly in what they wanted to happen.

So there was always this durable power of attorney that we did so that their wishes would be addressed and a cousin or somebody would say, oh, no, we can't do anything. But the durable power of attorney, the living will, and the do-not-resuscitate, if that's the wish of the person who would become ill in the end of life. And it's so important, but it's important to do it before you ever reach that time. And this bill focuses on that they're doing it as you have already aged. So this is something that should not be put into statute. This is something that families should address, and this is their choice and not some bureaucrat making it happen.

Mrs. BLACKBURN. Reclaiming my time, I just want to expound on this point for just one moment because the point you're making is so relevant to this debate.

The bill that is before us now, the 1,990-page bill that Speaker PELOSI has brought forward, and we hear tomorrow there will be a manager's amendment that will be dropped or also added to this; so it's going to be more than 2,000 pages by the time we get to the end of the week, but in that bill there are the provisions that mandate that end-of-life counseling.

Mrs. BIGGERT. Well, I think that because of the concern and the outrage really of so many of the American people on that and particularly the seniors that were really put off by that, they have changed it to voluntary, and so it's a little bit better. But still that is something that shouldn't be in statute. If a family wants to go to the doctor and ask what are the things that we should do, but then to have the durable power of attorney so that the hospital, let's say somebody is in the hospital, they know what the wishes are of the patient as well as the family knows what the wishes of that patient are. But this should be done long before we get to that situation.

Mrs. BLACKBURN. Reclaiming my time, that's one of those decisions that families make, that husbands and wives make, that parents and children make. It is not one that should be addressed with a ''shall'' or a ''may'' in a Federal statute. And we all know that this bill has over 3,400 new mandates in it.

I yield to the gentlewoman.

Mrs. BIGGERT. It is so important and it has really been something that has really hit the fan, and there has been a lot of rhetoric on this. But just take it as this is a decision to be made by the family, the children and the patient; and it should be done early in life.

We have to make plans like that. It's not that something is never going to happen, but let's not mandate it or make it something that a doctor has to do and is paid to do as part of his job. The doctor as a counselor is fine, but the family should come to them and request that, not to say it in statute.

And I'm concerned about the rationing. It makes you think of, well, you're going to float out on an iceberg or something when the end of life comes. And what we want is to have quality of care throughout everybody's life and to make sure that we have the ability to do that. The doctors are the ones that do deal with these issues, but they need to have the map as to what the family wants in that regard.

So I think that women as the caregivers are the ones that have to make those decisions. And it's a tough decision to make, to bring up a subject early on that you really might not want to talk about; but it's something we all need to do, but to do it by our choice and not by a government-run plan telling us to do that.

So with that let me just say a couple of things about women, and there's been a new poll out. In this poll that was released on October 28, in short, women believe that their current health insurance is better for them and their families than what the Pelosi plan has proposed. And while a majority of women view health care reform as an important issue, only 42 percent are satisfied with the proposal that is brought before Congress and only 38 percent would like to change their own insurance to a public option. In fact, while 48 percent of women want slight changes to health care generally, 75 percent of women want few to no changes to their own health care.

That's kind of interesting. You talked about how I was on the Education and Labor Committee. And while we were marking up the bill, I had an amendment that said if you like the health care plan you have now, you can keep it, and that was voted down by the other side of the aisle unanimously.

Women are also very concerned with costs. You know, women care about affordability, and they are concerned with the costs. And only 5 percent of women believe that Congress should spend over $1 trillion on health care reform, which is the cost, and 45 percent of women would be less likely to support a candidate that votes in favor of such a costly health care bill.

Women believe that health care reform is moving too fast, that Congress

should slow down. Only 9 percent of women want reform legislation in the next few weeks. And we're looking at addressing this this week. Twenty percent would like reform by the end of 2009, and 43 percent believe that Congress should pass a reform bill only when quality legislation is developed even if it means no deadline.

So I think we have got a health care plan that if everybody thought it was a great plan, we would be passing it and we would have passed it in July. But this is now July, August, September, October, and now we are into November, and there still are such concerns by the American people on this.

So I hope that we can slow down and really have a dialogue, a debate on this, and find common ground to find a bill that people would all get behind.

Mrs. BLACKBURN. I thank the gentlewoman.

I appreciate so much that you brought up the fact that they continue to say if you like what you have, you can keep it.

The problem is you can't. Maybe you can keep it today or tomorrow or until the end of the year. But by the time you get to 2013, you're going to have to go through an exchange.

I have got a list here that is 111 new bureaucracies that are created by the Speaker's health care bill, 111 new bureaucracies. There is going to be a health choices commissioner that is going to have over 60 new directives on what kind of health care you can have. And you're going to have the exchange that has to approve the plan that your employer would possibly be able to offer. And if your employer's plan is not good enough, the employer gets an 8 percent tax.

So it's a little bit of a stretch to say if you like what you have, you can keep it when the whole playing field is going to change within just a few years.

And as you said so very well, women make those decisions. Seventy-five percent of the women are very comfortable with what they have, and women want to be able to shop for a plan that is going to best meet the needs of their families.

At this time I yield to Dr. FOXX, the gentlewoman from North Carolina, for her comments.

Ms. FOXX. I thank the gentlewoman from Tennessee for beginning the hour for us.

We stand up here and we talk a lot about what's in this bill, and I know that many Americans wonder are we telling the truth or not. But as you pointed out, there is a provision in that bill that will do away with private health insurance policies beginning in 2013. And if people want to find that, they can find it on page 94, section 202(c). I heard when I came in you were talking about how to read the bill by going to your Web site. I think all of us have Web sites with links to the bill, and I'm assuming most people also have links to these page numbers and section numbers that will back up what we are saying.

I think one of the best things that has come out of the debate that has been going on about this health care, and as our colleague from Illinois said earlier, if this was such a great idea, this bill would have been passed in July, as our colleagues across the aisle wanted. But it isn't a good idea, and it's been very contentious. But we point out to people what's in the bill, and people have been reading the bill.

□ 2030

I think that is a very healthy thing to do, and I hope people will continue to read the bill. I am a bit surprised, actually. The bill was introduced on Thursday, we didn't have session on Friday, and tonight when we had Special Orders and the Democrats had the first hour, I thought they would be here defending this bill and explaining to the American people why this is such a wonderful thing. And yet, they didn't show up. Here we are doing our best to explain to our fellow Americans what is wrong about this bill and why they shouldn't be supporting it. I have found a dearth of Democrats out here defending the bill and saying, Let me tell you on page 94 what is good, or on page 112. It seems to me, if they really liked this bill, they would be doing that. I know over time we have done that kind of thing.

I want to say to my colleague from Tennessee how important I think it is to point out that there are going to be 111 new bureaucracies established by this bill. I am a small government conservative, and I have had the same experiences that my colleague from West Virginia has had. Everywhere I went this weekend, people said to me, Vote ''no'' on that health care bill. Do everything you can to stop that health care bill.

I am not finding people who are saying to me vote for this. My mail is running about 9½ against it to 1. I think the reason is the American people, the average American, understands that increased government intrusion in our lives takes away our freedom. This country is the freest country in the world. We are the greatest country in the world because of that. But when you expand the Federal Government's power over our lives, that undermines our freedom. And NANCY PELOSI's Big Government health care bill is the single largest expansion of government that we have seen in over a generation. It is, I think, a threat to our freedoms. I believe the average American understands that.

When I talk to school groups, I say to them the major difference between Democrats and Republicans is we believe that individuals can solve most of their problems. Yes, we need government. We need a police force. We need an Army. There are many things that we need. But very few things at the Federal level do we need. Republicans have figured this out. We have made proposals. We have not talked much about those tonight. I think we need to at least say that we have made these proposals that fit with what the American people want.

They want to be able to buy insurance across State lines. They want to take a tax deduction for paying insurance premiums like their employer does. They want to be able to get into pools like my small business can join with other small businesses. We want to let the States come up with innovations. We have lots and lots of ideas like that that won't cost $1.4 trillion but will solve this problem for the approximately 10 million Americans who want health insurance but can't afford it.

We are turning our whole country upside down to take care of 10 million Americans who want insurance but can't afford it. We want to do that. What it is going to do, if the American people have any hesitation about what we are talking about in terms of where we are going with health care, we need to point out that it will allow the IRS to be monitoring small businesses and, ultimately, us as individuals. I don't know anybody in this country that wants to be dealing with the IRS. We know what a friendly group they are. And we know what is going to happen to those bureaucracies that take over our health care decisions. That's just the wrong way to go.

We can beat this thing. We need the American people to be calling their Members of Congress who are on the other side who are either undecided or have said that they are going to vote for it and say that this is not what we want. We don't want a further erosion of our freedoms. We want to remain the greatest country in the world.

Mrs. BLACKBURN. I thank the gentlelady for yielding back, and I appreciate that she mentioned how States need to be able to innovate, how they handle the Medicaid payments that are there. This is so very important because they are the ones that are delivering these services. This bill would increase the eligibility for Medicaid to 150 percent of the Federal poverty level. Now, what this does is to shift that burden over to our States. It takes that burden from the Federal Government and places it squarely in the lap of our States.

Now, most of our States have balanced budget amendments. Here we are handing them, and in my State of Tennessee, we know we have heard from our Governor's office that the expectation is this is going to cost us an extra $735 million per year. Every State around the country is looking to see what it would cost them. They know that by shifting that Medicaid burden, expanding that eligibility to 150 percent and then shifting that burden to the States, well, it may help them with budgeting, those that are trying to pass this bill and are looking for budget gimmicks and trying to say it is going to cost less than $1 trillion. Well,

that gimmickry might help them, but for the taxpayer who already has too much month left at the end of his money, what you are saying is get ready, your sales tax is going up. Your State property tax is going up. You are going to see State income taxes going up, and that is all because the Federal Government said, States get ready, it is coming to land in your lap.

I recognize the gentlewoman from Oklahoma (Ms. FALLIN) about how this will affect the States.

Ms. FALLIN. I thank the gentlelady from Tennessee.

You are exactly right. I have heard from a lot of my State senators, representatives, and agencies in Oklahoma that if we pass a massive new Federal Government bureaucrat health care bill that has unfunded mandates, which this bill does, that those costs will be passed on down to the States, and there is only one way that you pay for those extra services and costs, and that would have to be through tax increases or cutting spending.

A lot of States are experiencing budget shortfalls. In my State of Oklahoma, we have cut back services in our State. So, if we have more unfunded mandates upon our State government, whether it is through the expansion of Medicaid or whether it is through the $500 billion that is being proposed to cut seniors' and Medicare services or the taxes on medical devices or some of the services that will be eliminated, those costs get passed on down, and, ultimately, it will be the States that will be picking up those costs.

I appreciate what Congresswoman FOXX said about taking away the freedom of choice and liberties and our Nation. Many people I have talked to are concerned about where is our Nation going. We seem to be looking more like a European nation where we have huge democracies and so much debt being piled on our children and grandchildren. Frankly, people are worried about the future and about our security, our economic security and national security, especially at a time when we are experiencing a recession and people are concerned about keeping their jobs, supporting their families, and making house payments. They are very concerned.

I know some of the people I have been talking to, a lot of small business owners are very concerned about the proposed taxes that will be put onto the small businesses. We have actually had some congressional hearings with small business owners, and they have talked about how tough it is to get access to capital, to get loans, and how they have had to cut back employees and how revenues have dropped off. They tell us in congressional hearings if we pass another tax, as is being proposed, and it would affect small businesses, they will have to lay people off. And then if we have some type of government mandate to provide health insurance because that small business owner can't afford to provide that insurance to their small business employees, then they say they might just have to lay off people to provide for that insurance. Or if they had to pay that new tax, they will have to cut off some products or future plans to expand their businesses or drop the coverage they have and move toward the government plan, because they will pay the 8 percent tax. Getting back to your point as to eliminating some of our options in the private sector, if people start dropping the private sector insurance plans because they are seeing a shift to the government plans, then we will have less options.

As I have visited people in Oklahoma, they have asked me several questions. They want to know is this health care reform bill that Speaker PELOSI and HARRY REID in the Senate are proposing, is it going to lower costs. I can't say that it is going to lower cost. We are talking about almost a trillion dollars, debt and deficit. They were asking if their children will have more costs, more debt, more deficit piled on them, and I have to say I think the answer is yes.

They are asking will this health care reform proposal offer them more choices or will it take away some of their say and being able to choose what kind of health insurance they want for their family. My analysis is that it is going to take away choices for those families.

They are asking if it will make health insurance more affordable. Well, a lot of the estimates we are seeing, when you pile on over $800 billion in new taxes, when you have mandates, when you have unfunded mandates, when you are rationing some of the care, it is not going to make health care more affordable.

And then they are asking if the Federal Government is going to be more involved in decisionmaking for their health care choices. And according to this bill, it looks like there will be a Federal bureaucrat basically between the patient and the doctor.

They want to know if this bill will lead to rationing of care. We have seen what has happened when other nations have implemented some type of government-run health care. It does lead to rationing of care. There are people who have died waiting to receive treatment. In Canada and Europe, it is well documented.

So all of those questions that are being asked of me by my constituents, I can't prove to them that it will lower cost, that it will not increase the deficit, and that it will give us more choices. It appears to me that this is going exactly the opposite.

I think what we have to tell the American people, there are lots of other health care pieces of legislation that we have been working on that would provide choice, that would lower costs, that would work on issues like portability, where you could keep your health insurance if you changed jobs, that would eliminate preexisting conditions so you don't lose coverage, which would have medical malpractice reform which is estimated to save health insurance costs, which would allow us to be able to pool together and lower our costs for small businesses. There is some great language that would allow work on preventive care and more education, those types of things.

There are just all kinds of problems in this legislation that I think the American people are very concerned about, especially since we have been debating behind closed doors on this.

Mrs. BLACKBURN. I thank the gentlelady, and the gentlelady is exactly right. Much of this has been done behind closed doors by our colleagues across the aisle, and many of the great ideas that have been brought forward that do stay focused on the patient have been brought forward by the Republicans in the House, whether it is the Republican Study Committee bill, MIKE ROGERS' bill, JOHN SHADEGG's bill, PAUL RYAN's bill, any of the number of amendments, over a hundred amendments that we on Energy and Commerce had when we were marking up the bill. So there are lots of good ideas on our side of the aisle.

At this time I want to recognize the gentlewoman from Minnesota (Mrs. BACHMANN) who has been so instrumental in helping to lead the debate on health care here in the House. I yield to her for her comments on the issue.

Mrs. BACHMANN. I thank the gentlewoman from Tennessee (Mrs. BLACKBURN). She has done an outstanding job leading this Special Order tonight, and I thank you for what you are doing.

We have so many women in our conference that wanted to be here tonight, and they can't all be here. The women in our conference understand one thing, and it is that women in the United States overwhelmingly make the health care decisions not only for their families, not only for their children, not only for their parents, but quite often women run a lot of the H.R., the human resources offices as well in business after business.

I think one thing that people in business are understanding is they are going to have fewer choices before them rather than more.

What we have seen from the bill that the Speaker of the House released last Thursday, on page 92, I believe, is that by the year 2013, no one will be able to purchase private insurance anymore. That's it. Now let that thought penetrate for a moment, Mr. Speaker.

□ 2045

If we have to be frozen in time and we can purchase no new private insurance after 2013, what will happen? What will happen to our choices? What will happen to the plans that we really have?

Well, it's interesting; a lot of people haven't been waiting around, they've been doing studies. One group called

The Levin Group showed that by looking at the health care that we have in front of us, in all likelihood about 114 million Americans will be thrown off the current health insurance plan they have and onto the government system, which means about 114 million Americans won't have the health care that the President said we would all be entitled to keep. And we remember what the President said, he said, If you like your current health care plan, no problem, you can keep it.

The only problem is, that's just not so. If you take 114 million Americans, throw them off the health care they already like, well, then they're stuck being in the government's plan. That means fewer choices. And that means the women of America don't get to make the choices anymore, it's government.

I think the thing that all American women really get out of this is that there is going to be an enormous hassle factor. There is a big hassle cost that's in all of this. That's what we women deal with, we deal with hassles—hassles with our jobs, hassles with the kids, hassles with trying to make the books balance, and now the biggest hassle of all, life and death decisions because if government literally controls the health care decisions from cradle to grave—because it would be every single American—that means the hassle cost goes way up. That's kind of the last thing we women need right now.

Women are tired, we're burdened, we have so many things on our plate. And I think especially women who are senior citizens, because they're watching this debate, and they get that $500 billion is going to be cut out of Medicare. That's what we know—cut out, gone. So what that means is scarcity, and that means less. So we are all going to be paying a lot more, but we are all going to be getting a lot less. The simple fact is we can do so much better.

The Republican women here know that there are many positive solutions that we can do. We can really do a lot better. I will be real brief, and I will end with one positive solution we could take.

I am a former tax lawyer. Rather than government owning your health care and making all the decisions, or rather than your employer making the health care decisions for you, we change the tax code so that you, every American, gets to make your own health care decision. You own it, you make the decision, it's a wonderful thing. So you own it, you make the health care decision, and you get to take your own money, tax free, purchase the health care plan of your choice—you're not limited to what government says you buy, you buy any plan anywhere. Anything that we don't cover out of your own tax-free money you get to fully deduct on your income tax return. Have true lawsuit reform that costs billions of dollars. In fact, that covers 95 percent of Americans. For the 5 percent who truly, through no fault of their own, can't afford health insurance, we can take care of them and we will take care of them, but we won't break the bank to do it.

We have great solutions. Let's try that rather than burdening the American people, and especially women who don't need those burdens. And I yield back to the very kind gentlelady who's doing an outstanding job tonight, Mrs. BLACKBURN of Tennessee.

Mrs. BLACKBURN. I thank the gentlelady from Minnesota for her good work on this issue and for being here with us tonight as we have brought forward the alternatives that are there, the good, solid, positive, free-market-oriented alternatives that are there from our conference and from the women in our conference. I thank everyone for joining us, and I yield back the balance of my time.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Tennessee (Mr. ROE) is recognized for 60 minutes.

Mr. ROE of Tennessee. Madam Speaker, we are here tonight to continue the discussion of health care.

Before I get started, I am a freshman here in Congress, and I am going to tell you a little about myself and why I'm here to discuss this.

I grew up in the rural south in a small, rural community. My father was a factory worker. I went to college, I went to medical school in Memphis, Tennessee, at the University of Tennessee—the real UT, I might add, for my Texas friends—and I spent 2 years in the military. I trained in an inner-city hospital, an urban hospital. I spent time in an infantry division in a medical battalion in Korea near the DMZ. I served in a military hospital, in a VA hospital. I practiced in Johnson City, Tennessee, an area in Appalachia in northeast Tennessee, and taught medical school with residents and interns. I really have had a varied experience, 31 years in private practice. My specialty was obstetrics and gynecology, where I delivered almost 5,000 babies. So I bring a rather unique experience to the House floor, and I am very privileged to be part of this debate.

I think before, as a physician, what I would try to do in any case that I saw was try to identify the problem. In America, we are trying to identify a problem with health care. And certainly, I think we have heard it on both sides of the aisle that we do need health care reform. I think the main reasons for that are two: One is costs—health care costs are escalating beyond the average person's ability to pay for the care—and access to adequate care for all of our citizens.

In this country, about 170 million of our citizens are covered by their job. Their health insurance is provided by their job. And this started where your employer provided health insurance after World War II as an incentive to get workers to come work for a particular company. And it has, of course, grown since that time, and I think it has been a good thing for most people. We have been able to provide a level of care in this country that has been unequaled anywhere in the world.

What I have been able to see since 1970, when I graduated from medical school, were advances that I didn't even dream of. The one advance that we haven't seen come to fruition that I thought would is the cure for cancer. We haven't done that, but we have made tremendous strides in cancer and heart disease, diabetes, and so on.

So we have a cost issue, and we have an access issue. We have approximately 47 million of our citizens in this country that are not covered currently by health insurance. Who are they? Well, the Census Bureau believes that approximately 10 million of these folks are illegally in the country. We also believe that probably 9 million or so have incomes above $75,000 a year and choose not to buy health insurance—their own choice. About 8 million people make between $50,000 and $75,000, and they may be families where this does stretch them, where they're a small business, and health insurance premiums—again, the cost factor has gotten so expensive that these folks can't afford it. So we really are looking at about 20 million people in this country who are working poor who don't have access to care.

How are we providing the care in this country now? Well, we're using private health insurance. Many people use their own employer, a small business, their health savings account. There are variations that people use to buy their health insurance.

We have the government now which provides about 46 cents of every dollar spent on health care with Medicare and Medicaid and the VA. So we have government taxpayers approaching 50 percent of the care, and then we have the rest, the 15 percent, who don't have coverage at this time.

So how do we go about keeping the cost down, quality high, and the access? We are joined here this evening—and I am going to stop, having framed the debate—with my good friend from Louisiana, Dr. JOHN FLEMING. And JOHN, I am going to turn this over to you to sort of continue this thought that I put forward.

Mr. FLEMING. I thank the gentleman, my colleague and good friend, Dr. ROE from the great State of Tennessee. I have visited there many times, the Smoky Mountains. Also, speaking of smoky, everything there is smoked, and it smells so delicious you want to eat bark off trees when you go through Tennessee. So it's a lovely State, and I always enjoy visiting it.

Like you, I grew up in a very middle class, working middle class environment. I had to work my way through